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APPLICANTS

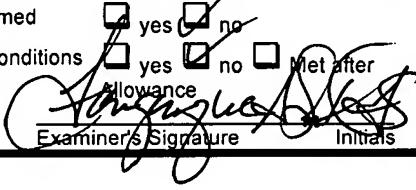
Fred H. Burbank, Laguna Niguel, CA;
 Paul Lubock, Laguna Niguel, CA;
 John Wardle, San Clemente, CA;
 Frank Louw, Carlsbad, CA;
 Richard L. Quick, Mission Viejo, CA;

** CONTINUING DATA *****

This application is a DIV of 09/880,218 06/12/2001 PAT 6,679,851 which is a CIP of 09/146,185 09/01/1998 PAT 6,540,693
 and is a CIP of 09/159,467 09/23/1998 PAT 6,261,241
 and is a CIP of 09/356,187 07/16/1999 PAT 6,312,429
 and is a CIP of 09/477,255 01/04/2000 PAT 6,471,700
 and is a CIP of 09/727,112 11/29/2000 PAT 6,638,234

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/08/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 26	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	 Examiner's Signature	Initials			

ADDRESS

Edward J. Lynch
 DUANE MORRIS LLP
 One Market
 Spear Tower, Suite 2000
 San Francisco, CA94105

TITLE

Tissue accessing and anchoring device and method

FILING FEE RECEIVED 893	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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